PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 Application of Docket Number /()/(17745)												-	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALI TYPE	- EN	/		OTHE	R THAN
7	OTAL CLAIM	S	17	17		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		RAT		FEE	JOR		LENTITY
FOR				NUMBER FILED		NUMBER EXTRA		BASIC	-	385.00		RATE	FEE
TOTAL CHARGEABLE CLAIMS			17	minus 20=		*		 	\dashv		OR	BASIC FE	F 770.00
INDEPENDENT CLAIMS				minus 3 =		*		X\$ 9			OR	X\$18=	<u> </u>
-		ENDENT CLAIM I						X43=			OR	X86=	
* If the difference in column 1 is less than zero, enter "0" in column								+145:			OR	+290=	
								TOTA	L		OR	TOTAL	770
_		(Column 1)	AMENDE	(Colum	nn 2)	(Column 3)	SMALL			NTITY	OR		THAN ENTITY
MENDMENTA		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE		ADDI- IONAL FEE :		RATE	ADDI- TIONAL FEE
Ş	Total	• 17	Minus	→ ∂	0	=		X\$ 9=			OR	X\$18=	
AME	Independent	* / ENTATION OF M	Minus	DENIGENT) CL A114	=	X43=	1		OR	X86=		
	,	ENTANOIT OF IN	OCTIF LE DE	CIVI LE DEI ENDERT		<u> </u>		+145=	1		OR	+290=	
	\.							TOTA				TOTAL	
		(Column 1)	_	(Colum	n 2)	(Column 3)	Α	DDIT, FE	E L		OIN A	NDDIT. FEE	L
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	TI	ADDI- ONAL FEE		RATE	ADDI- TIONAL
	Total	*	Minus	##		E .	ı	X\$ 9=	T			X\$18=	FEE
	Independent	*	Minus	***		=	+	X43=	╀		OR		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A43=	╀		OR	X86=	
											OR	+290=	
•	*								L		OR A	TOTAL DDIT. FEE	
_		(Column 1) CLAIMS		(Column		(Column 3)							
<u> </u>		REMAINING AFTER AMENDMENT	·	HIGHES NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	TIC	DDI- DNAL EE	Γ	RATE	ADDI- TIONAL
	Total	*	Minus	**		=	-	X\$ 9=	ľ		}	X\$18=	FEE
	independ nt		Minus	***		=	\vdash		_	$$ 1 $^{\circ}$	DR -		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X43=	_		OR _	X86=	
• # i	tf the entry in column 1 is less than the entry in column 2, write "0" in column 3.										RI.	+290=	
[]	the "Highest Nun the "Highest Nun	nber Previously Pain nber Previously Pain ber Previously Paid	d For IN THIS d For IN THIS	SPACE is les	ss than	20, enter "20."		TOTAL DIT. FEE)R AD	TOTAL DIT. FEE	
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